

APPLICATION FOR SENIOR MEMBER ACTIVITIES

(This is an application only! See instructions on reverse. Confirmation of acceptance is required.)

1. TITLE OF ACTIVITY (If applying for a position, include the position desired.)		2. LOCATION OF ACTIVITY	3. DATES OF ACTIVITY
4. LAST NAME, FIRST NAME, MIDDLE INITIAL		5. CAP GRADE	6. CAP SERIAL NUMBER
7. MEMBER'S ADDRESS (Number, Street, City, State, and Zip)		8. TELEPHONE (Include Area Code.) a. Work: _____ b. Home: _____	
		9. PREVIOUSLY ATTENDED THIS ACTIVITY? YES NO (If "yes," give date attended.) Date: _____	
10. DATE AND METHOD OF LEVEL 1 COMPLETION		11. SPECIALTIES AND RATINGS COMPLETED Specialty Rating	
12. DATE JOINED CAP 13. CAP DUTY ASSIGNMENT AND INCLUSIVE DATES		a. _____ b. _____ c. _____ d. _____ e. _____	
14. CAP AERONAUTICAL RATING			
15. CAP UNIT NAME	19. PREVIOUS TRAINING ACTIVITIES AND YEARS ATTENDED		
16. CHARTER NUMBER 17. WING	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____		
18. SENIOR PROGRAM AWARDS a. _____ b. _____ c. _____ d. _____			
20. SCHOLASTIC ACHIEVEMENT High School Graduate Year _____ College _____ Years Post Graduate _____ Years	21. CIVILIAN OCCUPATION		
22. OUTLINE PERSONAL AND PROFESSIONAL GOALS IN CAP			
23. MEDICAL INFORMATION			
24. REMARKS (Use reverse side or attach additional sheet if necessary.)		25. APPLICANT'S SIGNATURE DATE	
26. ACTION BY UNIT COMMANDER Recommend: Approval Disapproval		27. UNIT COMMANDER'S SIGNATURE DATE	
28. REMARKS BY UNIT COMMANDER			
29. ACTION BY WING COMMANDER Recommend: Approval Disapproval		30. WING COMMANDER'S SIGNATURE DATE	
31. REMARKS BY WING COMMANDER			
32. ACTION BY REGION COMMANDER Recommend: Approval Disapproval REGION _____ Selection Number _____		33. REGION COMMANDER'S SIGNATURE DATE	
34. REMARKS BY REGION COMMANDER			

INSTRUCTIONS FOR COMPLETION OF CAP FORM 17

(See CAPR 50-17, *CAP Senior Member Training Program*, for additional information and instructions.)

1. APPLYING FOR ACTIVITIES:

- a. For region level activities, unit commander verifies the information, makes recommendation, signs the application, retains a copy, and forwards the original to wing headquarters. Wing commander verifies application, makes recommendation, signs the application, retains a copy, and forwards the original to region headquarters for final approval by region commander.
- b. For national level activities, unit commander verifies the information, makes recommendation, signs the application, retains a copy, and forwards the original to wing headquarters. Wing commander verifies application, makes recommendation, signs the application, retains a copy, and forwards the original to region headquarters for action. Region commander makes recommendation, assigns selection number, signs the application, retains a copy, and forwards original to HQ CAP/ETS.

2. COMPLETING THE FORM:

- a. **Applicant:** (Complete Blocks 1-25 for all activities.)

Specific Instructions:

Blocks 1-9 Self explanatory.

Block 10 Enter the month and year and method of Level I completion. (Example: Feb 92/Seminar or Mar 93/Mitchell Award.)

Block 11 List each specialty and the highest rating completed in that specialty. (Example: Enter 213-2 for Emergency Services Officer - Senior Level, or enter 201-1 for Public Affairs - Technician Level.)

Block 18 List training awards only along with completion dates. (Example: Garber Award Aug 90.)

Block 19 List names and dates of training activities such as SAR exercises, SLS, ECI Course 13, RSC, ACSC, AWC, etc. Use Additional Remarks section above or add additional sheet if necessary.

Block 23 List physical handicaps or ailments for which the applicant will be taking medication during the activity or which might affect the applicant's level of participation in activities. Provide a list of medication taken regularly. Use Additional Remarks section or add additional sheet if necessary.

- b. **Unit Commander:** (Complete Blocks 26-28.)

Block 28 Remarks are intended for consideration by the wing and region commanders. Use Additional Remarks section or add additional sheet if necessary.

- c. **Wing Commander:** (Complete Blocks 29-31.)

Block 31 Remarks are intended for consideration by the region commander. Use Additional Remarks section or add additional sheet if necessary.

- d. **Region Commander:** (Complete Blocks 32-34.)

Block 34 Remarks are intended for consideration by National Headquarters. Use Additional Remarks section or add additional sheet if necessary.